

Therapeutic Division 2014 TR Challengers Softball League March 15-April 26, 2014 Registration Form

Please Print		
Name	(F:t)	(NA: d-dl = T-: :k: = 1)
(Last)	(First)	(Middle Initial)
Address		
City	State/Povince	Zip/Postal
Phone Number ()	Date of Birth	Age
Emergency Contact	Phone Number ()	
Disability		
Special Accommadation		
Participants hereby agree to hold the City of Shreveport, its officers and employees harmless from any liability or claims for damages to persons or property resulting from all SPAR activities hereinafter described for any activity conducted or authorized.		
Parent/Guardian		Date